

*If you are using a printed copy of this procedure, and not the on-screen version, then you **MUST** make sure the dates at the bottom of the printed copy and the on-screen version match.  
The on-screen version of the Collider-Accelerator Department Procedure is the Official Version.  
Hard copies of all signed, official, C-A Operating Procedures are kept on file in the C-A ESHQ Training Office, Bldg. 911A.*

## C-A OPERATIONS PROCEDURES MANUAL

### ATTACHMENT

#### 4.92.a PASS/ACS Temporary Change Request Form

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| C-A OPM Procedures in which this Attachment is used. |
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| 4.92 |  |  |
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#### Hand Processed Changes

| <u>HPC No.</u> | <u>Date</u> | <u>Page Nos.</u> | <u>Initials</u> |
|----------------|-------------|------------------|-----------------|
| _____          | _____       | _____            | _____           |
| _____          | _____       | _____            | _____           |
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Approved: \_\_\_\_\_  
*Signature on File*  
Collider-Accelerator Department Chairman
\_\_\_\_\_  
Date

D. Passarello

## PASS/ACS TEMPORARY CHANGE REQUEST

Type of Change Request:    Bypass       Temporary Change       Temporary CHIPMUNK Change

| Request No.:   | Date:        | Requested By:    |                                   |              |            |                                   |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--------------|------------------|-----------------------------------|--------------|------------|-----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Dwg/Spec/Other No:   |              |                  |                                   |              |            |                                   |  |  |  |  |  |  |  |  |  |  |  |  |
| Description of Change/Bypass: (Note: If this is to be a permanent change/bypass, an ECR/ECN must be prepared)  |              |                  |                                   |              |            |                                   |  |  |  |  |  |  |  |  |  |  |  |  |
| Expected Expiration Date:    /    /  |              |                  |                                   |              |            |                                   |  |  |  |  |  |  |  |  |  |  |  |  |
| Explanation of continued Safety Functionality after change/bypass is incorporated:   |              |                  |                                   |              |            |                                   |  |  |  |  |  |  |  |  |  |  |  |  |
| Description of Change/Bypass Validation Test   |              |                  |                                   |              |            |                                   |  |  |  |  |  |  |  |  |  |  |  |  |
| List of equipment used for Bypass (type and serial numbers, if applicable)   |              |                  |                                   |              |            |                                   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>APPROVAL</b>  |              |                  |                                   |              |            |                                   |  |  |  |  |  |  |  |  |  |  |  |  |
| Access Controls Group Cognizant Engineer _____   |              | Date _____       |                                   |              |            |                                   |  |  |  |  |  |  |  |  |  |  |  |  |
| Access Controls Group Leader _____   |              | Date _____       |                                   |              |            |                                   |  |  |  |  |  |  |  |  |  |  |  |  |
| RSC Chairman or designee (Bypass and/or Change) _____  |              | Date _____       |                                   |              |            |                                   |  |  |  |  |  |  |  |  |  |  |  |  |
| RSC Member or Liaison Physicist (required for Bypass) _____  |              | Date _____       |                                   |              |            |                                   |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="display: flex; justify-content: space-between;"> <div>Orange Warning Tag Log Updated by:</div> <div>Information:</div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 33%;">Tag Number</th> <th style="width: 33%;">Installed By</th> <th style="width: 33%;">Removed By</th> <th style="width: 33%;">Orange Warning Tag Log Updated By</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> |              |                  | Tag Number                        | Installed By | Removed By | Orange Warning Tag Log Updated By |  |  |  |  |  |  |  |  |  |  |  |  |
| Tag Number   | Installed By | Removed By       | Orange Warning Tag Log Updated By |              |            |                                   |  |  |  |  |  |  |  |  |  |  |  |  |
|  |              |                  |                                   |              |            |                                   |  |  |  |  |  |  |  |  |  |  |  |  |
|  |              |                  |                                   |              |            |                                   |  |  |  |  |  |  |  |  |  |  |  |  |
|  |              |                  |                                   |              |            |                                   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>STATUS</b>  |              |                  |                                   |              |            |                                   |  |  |  |  |  |  |  |  |  |  |  |  |
| Change/Bypass Incorporated By: _____   |              | Date: _____      |                                   |              |            |                                   |  |  |  |  |  |  |  |  |  |  |  |  |
| Validation Test Completed By: _____  |              | Date: _____      |                                   |              |            |                                   |  |  |  |  |  |  |  |  |  |  |  |  |
| Operations Coordinator/MCR Notified By: _____  |              | Date: _____      |                                   |              |            |                                   |  |  |  |  |  |  |  |  |  |  |  |  |
| Date Change/Bypass Removed: _____  |              | Signature: _____ |                                   |              |            |                                   |  |  |  |  |  |  |  |  |  |  |  |  |
| Date Re-Issued: _____  |              | Signature: _____ |                                   |              |            |                                   |  |  |  |  |  |  |  |  |  |  |  |  |
| Date Expiration Acknowledged: _____  |              | Signature: _____ |                                   |              |            |                                   |  |  |  |  |  |  |  |  |  |  |  |  |